



Annual Health Report Form

How is your adopted equine?

Thank you for adopting from Amazing Grace Equine Sanctuary. Keep in mind that every adopter signs a contract that states their commitment complete the annual health updates. Below is a form to help you with this process. Please have your veterinarian complete as much of the form as possible. Use a separate form for each equine (if you have adopted more than one).

If you have any questions concerning this procedure, please contact Erin at erin@rescuehorses.org. This form must be filled out and signed by a licensed veterinarian **and received in our office no later than July 15 each year**. Failure to do so is grounds for the removal of your adopted equine.

We understand that not everyone uses a veterinarian to deworm and vaccinate their animals. If this is the case, please provide a copy of the vaccination and de-wormer labels used and a copy of receipts.

Please remember to include current pictures of your adopted equine(s).

Forms and other materials may be returned to AGES in through one of the following:

Email: erin@rescuehorses.org

Mail: Amazing Grace Equine Sanctuary
Attn: Erin Kelley-Groth
W4985 County Road FF
Elkhart Lake, WI 53020

Name of Equine _____

(If you have changed the name please provide name on the adoption contract)

Date: _____

Adopter's Name: _____

Phone Number: _____

Address: _____ City/State/Zip Code _____

Veterinarian Name: _____

Phone Number: _____

Amazing Grace Equine Sanctuary · W4985 Cty Rd FF · Elkhart Lake WI 53020 ·
www.rescuehorses.org



Physical Condition of Animal (weight, eye health, etc)

Vaccinations Given and Date:

Worming and type used: (If you do not worm, please provide proof of fecal egg counts)

Teeth	Hooves
<p>Were teeth checked? Yes No</p> <p>Condition of Teeth: _____ _____</p> <p>Date of Last Float: _____</p>	<p>Hoof/Pad/Nail Condition: (Circle One)</p> <p>Good Fair Bad</p> <p>Any Other Comments Regarding Hooves? _____</p>

Any other comments regarding horse's health?

Signature of Adopter _____	Date
Signature of Veterinarian _____	Date